



L.A. Care
HEALTH PLAN

For All of L.A.

REFUSAL OF LEAD TESTING

My child's primary care provider has fully explained:

- The purpose and benefits of lead testing my child.
- The risks and consequences of my child not taking a lead test.

I understand that the California Department of Public Health states:

- The only way to know if your child had lead poisoning is through a blood test.
- Most children get tested at 1 and 2 years old. Some children over 2 years also need to get tested. Children can be screened up to 6 years of age if they have not been screened.
- Lead can harm a child's brain. Most children who have lead poisoning do not look or act sick.

I still choose not to consent to lead testing for my child.

Reason(s) for refusal:

Patient/Child Name: _____ Patient Date of Birth: _____

Parent / Guardian Signature: _____ Date: _____

Clinic Use Only

Reasons why parent / guardian is not able to sign Refusal of Lead Testing Form:

Provider / clinic signature / stamp: _____ Date: _____

Please keep this form and include it in the patient's medical record.

MRN#: _____

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